Functional Rehabilitation Medicine
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Physiatry Evaluation
Alan Friedman, M.D.

Name: **Ronald Greenfield**
Date of Evaluation: July 11, 2022
Date of Injury: March 19, 2016

Location: The examination was performed in Bet Shemesh, Israel.

HISTORY

Ronald Greenfield (date of birth, December 5, 1956) is a 65 year-old left-handed male who at the time of the injury on March 19, 2016 was 59 years old.

Mr. Greenfield and his wife were on tour in Turkey in March 2016. They were in Istanbul walking through the streets with their guided tour. He reports that his wife was walking slightly ahead of the group, walking backwards so that she was able to take photos of the group. He ran up to her to check that he was actually in the pictures and then he heard "a terrible boom". He fell down for a few seconds but did not lose consciousness. He turned around and saw that everybody was on the ground. His wife and her sister, who was also on the tour, called to him and he limped to where they were standing in a somewhat protected side alley. His right foot was bleeding and shrapnel had pierced through and exited his right ankle. (The shrapnel entered the medial ankle and the exit wound is on the lateral malleolus). He was taken by ambulance to a hospital where the wound was cleaned, a CT scan was performed, and surgery may have been recommended but he refused. He was then transferred back to Israel and taken from the airport directly to Sheba Hospital, Tel Ha'Shomer. He was hospitalized for one week. No surgery was performed but he was placed in a walking boot, which he wore for approximately 6 months. He had physical therapy at least twice a week for 3 to 4 months.

SYMPTOMS AT THIS TIME

Right foot:
He continues to suffer with constant right foot pain and limps when he walks. The pain is exacerbated with weight bearing or when he walks without shoes. Wearing shoes provides some relief. He has numbness in the lateral right thigh and the right foot. He had significant hypersensitivity in the anterior ankle but this has slowly resolved. This correlates with Dr. Tannebaum's note of sensitivity over the Superficial Peroneal nerve distribution. He is receiving acupuncture and "alternative medicine" treatments every 2 weeks (this was more in the past). It is unclear if it is providing any additional help at this

point. He is able to go up and down stairs but this is a relatively recent accomplishment. He has decreased range of motion of the right ankle.

Right knee:
He has right knee pain – both, medial and lateral. The pain is worse when he bears weight while walking, etc. He denies any knee buckling or locking. He thinks the pain is related to his gait pattern that has been altered as a result of the foot pain and injury. He did have a prior knee injury as he had a meniscus sprain as a teenager. However, that sprain resolved without any treatment and he did not have any symptoms for many years. He was not having any knee symptoms at the time of the injury.

Bilateral tinnitus:
He has "buzzing" in both ears 24 hours a day, 7 days a week. He is very sensitive to background noise. A hearing aid has never been prescribed, but at some point he did have special headphones, presumably with a white noise generator, to use when watching TV (but these have since broken). These did help to partially filter out some background noise.

Low back pain:
He has low back pain. There is no definitive radiation pattern. He did have a history of back pain prior to the attack but it is now significantly worse. He thinks that it is worse because of his limping and abnormal gait. Walking exacerbates the pain. He denies any bowel or bladder incontinence or retention, fevers, chills, or weight loss. He has numbness in the right leg and foot as mentioned above.

Nightmares:
He initially suffered from "terrible, disturbing nightmares" but states that these resolved slowly over time.

TREATMENTS RECEIVED

Physical therapy: At least twice a week for 3-4 months.
Chiropractic: None.
Injections: None.
DME: Walking boot initially, cane. None at this time.

REVIEW OF RECORDS

- Discharge summary: Sheba Hospital, Tel Ha'Shomer Israel, March 27, 2016. The discharge diagnoses include a "talus body fracture (right) open, medial malleolus fracture (right) open", a comminuted fracture of the right talus and talocalcaneal joint, sinus tarsi (with fragments in the sinus), a small fracture of the proximal phalanx of the first toe, and a fracture of the medial calcaneus and malleolus (without displacement). He did not have any surgical procedures while in the hospital. He did receive an incision and drainage of the wound.

- Office visit notes, Dr. Hagit Ofir, April 21 2016 and evaluation the right angle as to wounds and then healing well there's granulation tissue and no evidence of infection.. The surgery performed was an incision and drainage on 3/20/2016.

- Consult, Dr. Yehezkel Tytiun, June 9 2016. This was an evaluation for disability addressed to the law office of Shai Ashkenazi. Dr. Tytiun reports that Mr. Greenfield was injured on March 19 2016 while visiting Istanbul. He suffered wound to his right ankle and malleolus. The shrapnel entered and exited the right ankle region. He had a comminuted fracture of the right talus. He underwent a procedure at the tip of the talus in the area of the talocalcaneal joint and a procedure in the sinus tarsi. There was a fracture in the region of the great toe. He was treated with a bandage in Istanbul and transferred to Israel where he was treated in Sheba Medical Center on 3/20/2016 underwent an exploratory surgery with incision and drainage of the wounds. After that, he was placed in a cast and treated with dressing changes and antibiotics. He received physical therapy and an Air Cast boot. He also treated with the analgesics. At the time of the evaluation in June 2016, Mr. Greenfield complained of right ankle pain with decreased range of motion and he was unable to fully weight-bear on the right foot, which limited his function significantly, both at home and outside of the house. The physical examination stated that the Mr. Greenfield was unable to put weight on his right foot and there was significant swelling and hypersensitivity around the right ankle and foot. He had limitation in moving his toes and there was color change (not specified what colors) of the medial and lateral ankle scars but without neurovascular loss. He refers to a CT scan of the foot performed on March 22 2016 revealing the talus and medial calcaneus fractures. In summary, Dr. Tytiun's impression was that Mr. Greenfield is still in the early stages following a severe right ankle injury and that it would "take time" for healing and for the situation to stabilize. Dr. Tytiun established temporary disability at 100% from the day of the injury for a half a year, then 50% temporary disability status for an additional six months, and following that time would probably need another evaluation.

- Office visit notes, Dr. Shai Tannenbaum, March 21, 2017. This note includes summaries of prior visits: Dr. Tannenbaum reports that Mr. Greenfield is a 60 year old who was initially seen on March 19 2016 after he was injured in an attack in Turkey. His suffered right leg shrapnel wounds without other specific injuries. He was diagnosed with a fracture of the right talus and medial malleolus. The wound was open and involved the whole circumference of the talus and the talocalcaneal joint. The fracture also impacted the sinus tarsi with fragments seen in the sinus tarsi. There were also small bone fragments in the tibio-talar space. The medial malleolus was fractured but with almost no displacement and there were fractures of the medial calcaneus and the proximal phalanx of the fourth toe. He had initially been seen on March 20 2016 and the wound was cleaned and he had surgery performed. (The specific surgery is not listed in this note.) There was a follow-up appointment on April 5 2016 - the wounds were without discharge or redness, the wound dressing was changed. Dr. Tannenbaum's recommendations at that time were to have a removable cast and no

weight bearing, with follow-up in the plastic surgery clinic in 2 weeks from that point. On April 17 2016, at follow-up, an x-ray showed no specific changes. He recommended that they continue with the cast for another 6 weeks. At follow-up on May 24 2016, the scar looked to good, plantar flexion range of motion was 20 degrees and dorsiflexion was 5 degrees with some slight subtalar loss of range of motion. Dr. Tannenbaum recommended prescribed open kinetic chain exercises and a walking boot with some slight weight-bearing on the foot at that point. On June 29 2016, Mr. Greenfield was still wearing the boot and using crutches. There was no neurovascular loss noted on physical examination, and a follow-up was scheduled for in 3 months. On September 18 2016, he was again evaluated, with improvement noted and a 6-month follow-up scheduled. Finally, on March 21 2017, there was diffuse swelling of the ankle noted, but the surgical scars were "normal". An x-ray showed that the talus fracture was healed there and there was some arthrosis of the medial ankle. Conservative treatment was recommended.

- Audiology evaluation, May 28, 2019. He had decreased sensory-neural hearing. The hearing was decreased to 85 decibels between 6000 and 8000 Hertz on the right compared to 55 decibels on the left. Discrimination was 92% on the right and 88% on the left.

- A letter from the *Bituach Leumi* National Health Insurance institute, April 29, 2019. This letter established 49% total body disability due to the right foot.

- Office visit notes, Dr. Shai Tannenbaum, October 29, 2019. There was sensitivity over the right foot in the region of the superficial peroneal nerve. The patient did not want surgery.

OCCUPATIONAL HISTORY

He has not worked in any capacity since the injury. Prior to the injury he worked as a bookkeeper.

PAST MEDICAL/ SURGICAL HISTORY

Benign prostatic hypertrophy, low back pain, hypertension, anxiety, and a right meniscus tear in the distant past, which did not require any surgery. In addition, he had a car accident when he was 14 years old: He was in a coma for 19 days with a traumatic brain injury. As a result of that accident he lost vision in the left eye and language skills (including writing and literature interpretation). He received inpatient rehabilitation at Loewenstein Rehabilitation Hospital for one month.

ALLERGIES

No known drug allergies.

MEDICATIONS

Sertraline, aspirin, calcium carbonate, and Optalgin (dipyrone) for pain relief as needed.

SOCIAL HISTORY

He lives with his wife. He denies tobacco or alcohol use.

FAMILY HISTORY

There is no history of neurologic or orthopedic disease.

FUNCTIONAL STATUS

He is independent with ambulation and his activities of daily living.

REVIEW OF SYSTEMS

Tinnitus – as above. He denies the presence of any chest pain, shortness of breath, nausea, dysuria, fevers, tremors, flushing, bruising, rashes, or blurry vision.

PHYSICAL EXAMINATION

Today's exam reveals a middle-aged man. He is well developed and well nourished. He is in no acute distress. He is able to ascend and descend the exam table as well as don and doff his shoes and socks independently. Inspection reveals no erythema, muscle atrophy, rashes or trophic changes. There is no edema bilaterally.

Scars: There are well-healed, linear scars on the right ankle. There is a 5 cm scar on the medial right malleolus and 4 cm scar on the antero-lateral portion (Pictures are included).

Gait: Gait is with a normal pattern with good balance, but there is decreased right ankle movement. He is able to walk on his toes, but has difficulty on his heels. He can squat with difficulty. His balance is very limited when trying to stand one-legged on the right but he is able to stand one-legged on the left without any difficulty.

Neuromuscular: Strength is 5/5 bilaterally in the upper and lower extremities. Pinprick and light touch sensation are intact bilaterally in the upper and lower extremities except for mild hypersensitivity over the right ankle scar on the right lateral malleolus. Reflexes are symmetric at 2/4 bilaterally in the upper and lower extremities. There is no Babinski reflex. Hoffmann's reflex is negative bilaterally. Straight leg raise is negative bilaterally.

Joints: There are no joint effusions, dislocations, deformities, or erythema. There is no tenderness to palpation over the cervical, thoracic, or lumbar spines or paraspinal muscles.

Evaluation of the knees reveals no effusions, redness, or warmth. There is no joint-line tenderness. McMurray's test, Lachmann's maneuver, varus & valgus stress tests are negative bilaterally.
Evaluation of the ankles reveals no redness, tenderness, swelling, or other gross abnormality. Provocative evaluation is limited by pain and decreased motion.
Range of Motion (Measured with a goniometer):
Cervical spine: Flexion and extension are full at 45/45 degrees. Lateral bending is 45/45 degrees bilaterally. Rotation is 80/80 degrees bilaterally.
Lumbar spine: Flexion is 90/90 degrees; extension is 20/30 degrees. Left lateral bending is 0/30 degrees and right is 15/30. Rotation is 30/30 degrees.
Shoulders: Flexion is 180/180 degrees, abduction is 180/180 degrees, extension is 45/45 degrees, internal rotation is 55/55 degrees and external rotation is 45/45 degrees.
Elbows: Flexion is 150/150 degrees, supination is 90/90 degrees and pronation is 90/90 degrees.
Wrists: Flexion is 80/80 degrees, extension is 70/70 degrees, radial deviation is 20/20 degrees, and ulnar deviation is 30/30 degrees.
Hips: Limited by guarding.
Knees: Flexion is 135/135 degrees.
Ankles: Right ankle plantarflexion is 10/50 degrees and dorsiflexion is 5/20 degrees. The left ankle has full range of motion.
The range of motion is according to the standards recorded in "Physical Examination of the Spine & Extremities," by Stanley Hoppenfeld, M.D.

Neurologic: He is alert and oriented to person, place, & time. His balance is good. There are no fasciculations. Tone is normal. Fine and gross motor coordination are normal. He can pick-up a pin from the table with either hand. Speech is normal. Cerebellar testing is normal. There is no clonus. Romberg's test is negative. Proprioception is normal. Pronator drift is negative bilaterally.

DIAGNOSES

1. Status-post shrapnel injury to the right ankle.
2. Status-post right talus and medial malleolus fractures.
3. Status-post right sinus tarsi injury.
4. Status-post fracture of the right great toe.
5. Residual gait abnormality secondary to #1-4 above.
6. Right foot pain – chronic.
7. Low back pain – chronic.
8. Range of motion limitations – lumbar spine and right ankle.

CAUSALITY

If the history obtained is accurate and true, it is my opinion based on a reasonable degree of medical certainty that his symptoms are causally related to the attack of March 19, 2016.

CONCLUSIONS

Mr. Greenfield was injured in a blast attack on March 19, 2016. He suffered the above delineated injuries, and has undergone years of physical rehabilitation. He continues to suffer from pain and gait abnormalities. The other pains are related to the altered gait biomechanics. Due to the time since the injury and his age, no significant improvement can be expected in the future.

I, Alan Friedman, being a physician duly licensed to practice medicine hereby affirm under the penalties of perjury that the statements contained herein are true and accurate.

Alan Friedman, M.D., FAAPMR
Board Certified, Physical Medicine & Rehabilitation